

OFFICE OF THE BUILDING OFFICIAL

Town Of Stonington

152 Elm Street

Stonington, Connecticut 06378

(860) 535-5075 • Fax (860) 535 - 1023

APPLICATION FOR DEMOLITION PERMIT

Date _____ Permit Number _____

Name of Owner: _____

Address: _____ Phone No.: _____

Location of Property: _____

Application is hereby made to the Building Official to: _____

Assessor's Map#: _____ Block #: _____ Lot#: _____

Contractor's Name: _____	
Address: _____	
Demolition License Number: _____	Date of Issuance: _____ Expires: _____
Name of Insurance Company: _____	
Address: _____	
Amount of Insurance:	
Liability: _____	(min. \$100,000/person \$300,000 aggregate)
Property Damage: _____	(min. \$50,000/accident \$100,000 aggregate)
Date of Expiration: _____	

Public Utilities:

Service:

Company

Date Disconnected

Electric

Gas

Water

Sewer

Statement: This is to certify that the demolition authorized by this permit will be accomplished in compliance with Chapter 541 Part IV, Section 29-401 thru 29-415 of the State of Connecticut General Statutes, as revised.

Signature: _____ owner/agent

Estimated cost of work: _____ Fee: \$ _____

(Fee: \$10.00 for first \$1,000 of estimated cost; \$8.00 per \$1,000 of estimated cost after that)



OFFICE OF THE BUILDING OFFICIAL

Town Of Stonington
152 Elm Street
Stonington, Connecticut 06378
(860) 535-5075 • Fax (860) 535 - 1023

DEMOLITION PROCEDURES

The following is a general list of requirements for the demolition/removal of structures in the Town of Stonington.

In order to apply for demolition permit the following information is required:

1. Notification that all public utilities have been disconnected
2. Copies of registered/certified mail to adjoining property owners
- 3. Contractor must be Licensed by State and show proof of insurance unless excepted by State Statute Sec. 29-402 c
4. *Application must be signed by both owner of record and contractor
5. When required any safety measures described
6. How the accumulated materials will be disposed of (cannot be buried in foundation)
7. All permits and procedures for the removal of hazardous waste, i.e. asbestos, lead paint, etc. must be in place with proper waiting periods, copies of inspections and disposal must be submitted to this office. Verification that the Demo/Notification Form has been sent to the State of Connecticut Department of Public Health.
8. Any permit taken out in the historical district requires that a waiting period of 90 days is required before issuance of permit. In that time frame the Building Official will publish a legal notice in the local newspaper at least 60 days before the issuance of a permit is approved.

When the demolition takes place, all requirements of the State Statutes, Building Codes and Town Ordinances must be followed. Once demolition is completed and an inspection of site is completed verifying removal of all material, a letter to the Tax Assessor will be issued describing the structure and the date of removal.

Signature of property owner *

Date Received

Signature of contractor*



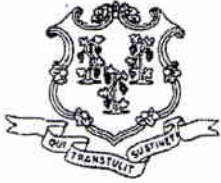
OFFICE OF THE BUILDING OFFICIAL

Town Of Stonington
152 Elm Street
Stonington, Connecticut 06378
(860) 535-5075 • Fax (860) 535 - 1023

By Connecticut State Law

DEMOLITION PERMIT CHECKLIST

<u>REGULATION</u>	<u>SECTION</u>
1. a.) Waiting period before granting permit?	C.G.S. 29-406
b.) Local ordinance governing demolition?	C.G.S. 7-147y
2. Written evidence of a Certificate of Insurance	C.G.S. 29-253(b)
3. Public utilities Certificate of Notice	C.G.S. 29-406
4. Contractor's Certificate of Registration	C.G.S. 29-406
5. Signature of both owner and demolition contractor on permit	C.G.S. 29-406
6. Asbestos – inspection, notification – abatement	C.G.S. 19a-332a
7. Notice to adjoining property owners	C.G.S. 29-407
8. Fencing required or waived?	C.G.S. 29-408
9. Sidewalk shed required or waived?	C.G.S. 29-409
10. Disposal of debris	C.G.S. 29-412 C.G.S. 29-413
11. Basement filled to grade	C.G.S. 29-413
12. Wokermen's Compensation coverage?	P.A. 95-277
13. Taxes?	P.A. 95-320
14. Zoning Compliance?	



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH SECTION

EHS Circular Letter #2009-60

TO: Asbestos Contractors, Asbestos Consultants, Demolition Contractors, Directors of Health, Chief Sanitarians, and Building Officials

FROM: Ronald Skomro, Supervising Environmental Analyst
Department of Public Health, Environmental Health Section
Asbestos Program

DATE: September 28, 2009

SUBJECT: Asbestos Program – Notice of Fee Changes

This memorandum serves to notify you that the fees charged by the Department of Public Health Asbestos Program as required by Connecticut General Statutes Section 19a-332a are changed effective October 1, 2009. In accordance with the provisions of Public Act 09-3, fees charged by the Department of Public Health Asbestos Program are increased as follows:

- | | |
|--|-----------|
| 1. Notification of asbestos abatement, less than one hundred sixty square feet | \$100.00 |
| 2. Notification of asbestos abatement, one hundred sixty square feet or greater - * plus one percent of the total abatement cost, up to a maximum of five thousand dollars | \$100.00* |
| 3. Reinspections (compliance inspections) | \$100.00 |
| 4. Asbestos alternative work practice application review | \$200.00 |
| 5. Notification of demolition activities | \$50.00 |

As previously required, all fees are to be paid in the form of a check made payable to the "Treasurer, State of Connecticut." Please contact the Department of Public Health Asbestos Program at (860) 509-7367 should you have any questions regarding these fee changes.

cc: Suzanne Blancaflor, M.S., Chief, Environmental Health Section
Ellen Blaschinski, R.S., M.B.A., Chief, Regulatory Services Branch



410 CAPITOL AVENUE, MS#51A1R
PO BOX 340308, HARTFORD, CT 06134
Bus: 860.509.7367 Fax: 860.509.7378

Affirmative Action/Equal Employment Opportunity Employer



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

DEMOLITION NOTIFICATION FORM

state use only
Postmark
Date
Check #
Transmittal
No.
Record No.

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of demolition, as required by the Regulations of Connecticut State Agencies (RCSA), Section 19a-332a-3. Each demolition notification must be accompanied by a fee of twenty-five (\$25) dollars. A check in that amount made payable to "Treasurer, State of Connecticut" must be submitted with the notification form. In case of an emergency notification, this form is to be completed and postmarked or hand delivered within one (1) working day following the start of demolition. **A copy of the written order requiring demolition prepared by a state or local building official shall accompany each emergency demolition notification.** Faxed originals are not acceptable. Revisions to the original notification form may be faxed. Further instructions are found on back of this form.

1.	TYPE OF NOTIFICATION			
A. NEW <input type="checkbox"/>	B. EMERGENCY <input type="checkbox"/>	C. REVISED <input type="checkbox"/>	ITEMS REVISED:	

2.	FACILITY OWNER			
NAME:				
ADDRESS:				
CITY:		STATE:		
ZIP:		PHONE NO.:		

3.	LOCATION OF FACILITY TO BE DEMOLISHED			
NAME:				
ADDRESS:				
CITY:		STATE:		
ZIP:		PHONE NO.:		

In accordance with Section 61.145 of the U.S. Environmental Protection Agency's National Emission Standards for Hazardous Air Pollutants (NESHAPs) regulation, the owner or operator of a facility shall, prior to the commencement of renovation or demolition, inspect the affected portions of the facility for asbestos, including Category I and Category II nonfriable asbestos.

4.	INSPECTION INFORMATION:		NAME OF INSPECTOR:			
LICENSE #:			DATE OF INSPECTION:			
INSPECTOR ADDRESS:				CITY:		
STATE:		ZIP:		PHONE NO.:		
HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES <input type="checkbox"/> NO <input type="checkbox"/>						

5(A.)	DEMOLITION START DATE:	MONTH/DAY/YEAR	5(B.)	DEMOLITION COMPLETION DATE:	MONTH/DAY/YEAR
-------	-------------------------------	----------------	-------	------------------------------------	----------------



Phone: (860) 509-7367/ Fax (860) 509-7378
Telephone Device for the Deaf: (860) 509- 7191
410 Capitol Avenue, MS# 51 AIR
P.O. Box 340308
Hartford, CT 06134-0308
Affirmative Action / An Equal Opportunity Employer

6.	USE OF FACILITY								
A. SCHOOL (K-12)	<input type="checkbox"/>	B. PUBLIC BUILDING	<input type="checkbox"/>	C. MANUFACTURING	<input type="checkbox"/>	D. OFFICE	<input type="checkbox"/>	E. COLLEGE	<input type="checkbox"/>
F. COMMERCIAL	<input type="checkbox"/>	G. CHURCH/SYNAGOGUE	<input type="checkbox"/>	H. RESIDENTIAL, # OF DWELLINGS		I. OTHER			<input type="checkbox"/>
(I. SPECIFY)									

7.	BUILDING DATA	SQUARE FEET:		# OF FLOORS:		AGE:	
-----------	----------------------	--------------	--	--------------	--	------	--

8.	DEMOLITION CONTRACTOR			
NAME:			CONTACT PERSON:	
ADDRESS:				
CITY:			STATE:	
ZIP:			PHONE NO.:	

9.	DEMOLITION DISPOSAL FACILITY			
NAME:				
ADDRESS:				
CITY:			STATE:	
ZIP:			PHONE NO.:	

10.	DEMOLITION WASTE HAULER			
NAME:				
ADDRESS:				
CITY:			STATE:	
ZIP:			PHONE NO.:	

SIGNATURE OF PERSON COMPLETING THIS FORM	
TITLE	

The submission of the Notification of Demolition Form is not required provided that an Asbestos Abatement Notification Form was previously submitted to the Department of Public Health involving abatement related to the demolition of the facility. In that case, the Asbestos Abatement Notification Form submitted to the agency satisfied the notification requirement for demolition of the facility. In all cases of demolition, one and only one form (Notification of Demolition Form or Asbestos Abatement Notification Form, as applicable) shall be sufficient to satisfy the Department of Public Health notification requirements detailed in Section 19a-332a-3 of the RCSA.

MAIL COMPLETED FORM TO:

**DEPARTMENT OF PUBLIC HEALTH - EHS
410 CAPITOL AVE, MS# 51 AIR
PO BOX 340308
HARTFORD, CT 06134-0308**